



North Carolina Department of Health and Human Services

Division of Aging and Adult Services

# **Aging Resources Management System (ARMS)**

*Provider User*

October 2007

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# **1. Introduction and Overview**

Welcome to the Aging Resources Management System (ARMS). The ARMS system is accessible by all area agencies on aging, service providers, and any government entity with the need to access ARMS data and reports.

## **1.1 What is ARMS?**

The Aging Resource Management System (ARMS) is a client tracking system for demographic data and a reimbursement system that ties reimbursement to performance.

ARMS provide users with the convenience of on-line web access. The system includes functionality and features to facilitate data entry, reporting, and tracking of client information and service impacts over time. At any given time during the year, data is available to report service unit, program costs and income, and non-unit reimbursement.

## **1.2 ARMS Objectives**

ARMS is designed with the following goals:

- To establish a statewide database for reporting client demographic data including eligibility
- To establish a statewide database for budgetary control, delivery of units of service and non-unit activities incorporating Older Americans Act regulations on matching, program income, and other requirements as needed and other funding sources
- To provide a linkage of databases to track services and costs to the client level
- To meet federal reporting requirements

## **1.3 Who uses ARMS?**

The ARMS system is written for the use of the Division of Aging and Adult Services (DAAS) and its constituents. Those who will use ARMS include:

- Regional Area Agencies on Aging staff
- Aging Service Providers (non-profit, profit, public, minority)
- County Lead Agencies and other DHHS Personnel

Only authorized users can access the ARMS System using any Internet connection. An ARMS user ID and password are assigned. User roles require a different level of access to the features and functionality of ARMS. User access is managed by DAAS ARMS Coordinators, which will assign each individual ARMS user a different role which is appropriate to the access level of user.


The five user access roles/types are:

1. Provider
2. Region
3. Admin
4. County
5. Report

User Type	Functions Available
Provider	<p>Users assigned a role in ARMS as "Provider" will be able to perform the following functions.</p> <ul style="list-style-type: none"> <li>• Search for clients and review their information</li> <li>• Add / Update a new client</li> <li>• Add / Update a service to a client</li> <li>• Add / Update monthly service totals for client</li> <li>• Add / Update a site/route/worker code</li> <li>• Modify provider agency information</li> <li>• View / Print Provider specific reports</li> <li>• Import Service Data</li> <li>• Add / Update non-unit reimbursement data</li> <li>• Add / Update consumer contributions/program income</li> </ul>
<b>County</b>	ARMS users with " <b>County</b> " access may only View or Print County Reimbursement Reports
<b>Report</b>	ARMS users with " <b>Report</b> " access may only View or Print Reports

**Table 1 – User Functionality**

This document presents text in different formats which communicate specific information about the system. These formats are described (below) in Table 2:

Format or Style	Description
<b>Boldface text</b>	Indicates an action to take in the system such as clicking a button or selecting a drop-down list box item or item on a menu. For example: click the <b>Search</b> button.
<i>Italics</i>	Indicates text to enter into a field in ARMS.
<a href="#">Hyperlinks</a>	A link to a web site or to another part of this User Guide. These are working links for those reading this document electronically.
<b>Pipe   Separated   Text</b>	This indicates the need to click on a series of links or menu items, which will appear in order as they are selected. Most commonly, they are used while navigating in ARMS.
<b>Links...</b>	Drill-down links are usually found in columns. Clicking these opens additional detail screens specific to the data item displayed
 "tear away" line	ARMS screens are often quite long. This "tear away" line indicates that the actual display is too long to include in this document, and users will need to scroll down to see the full list.

**Table 2 – Document Conventions**

## 2 Basic ARMS Functionality

### 2.1 ARMS System Availability & Connectivity

Most questions about ARMS—including news, updates and documentation—will be located on the ARMS support website. (<http://www.ncdhhs.gov/aging/arms/armspage.htm>). Users are strongly encouraged to use this resource before calling Regions or DAAS ARMS Coordinators.

ARMS is designed to be available 24 hours a day including weekends. There will be times when we may have to bring ARMS down for maintenance and to run reimbursement reports. There may also be occasional times the server might be unavailable to users.

**Connectivity** for users is available from DHHS Customer Support Center Monday through Friday from 7:00 a.m. to 5:30 p.m. except State observed holidays.

For **connectivity** support when existing users cannot sign into the WIRM Portal, call the Help Desk at 919-855-3200 and press option 2. You will be asked a series of questions, including but not limited to:

1. The system you are using (ARMS)
2. Your Name or Your User ID
3. Location
4. **Provider Role** must provide the Provider Code (G055)

For **Application/Support** call the ARMS Coordinators, Linda Owens or Annette Bagwell, at 919-733-8390. To speed the troubleshooting process, be prepared with exact details about the behavior, issues, or error messages received. You can also request assistance by e-mail [linda.owens@ncmail.net](mailto:linda.owens@ncmail.net) or [annette.bagwell@ncmail.net](mailto:annette.bagwell@ncmail.net).

### 2.2 ARMS User Data Entry Requirements

Data must be in ARMS by 5:00 p.m. on or before the 11<sup>th</sup> of the each month to be reimbursed for the current report period. When the 11<sup>th</sup> falls on a holiday the due date is the next working day. If the 11<sup>th</sup> falls on a weekend, data is due the following Monday.

The processing of reimbursement reports and other financial documents will occur on the 12<sup>th</sup> calendar day of the month. When the 12<sup>th</sup> falls on a holiday the processing date is the next working day. If the 12<sup>th</sup> falls on a weekend, the processing date will be the following Monday. These reports along with previous months will be available at all times. Other reports, such as demographic, waiting list, etc. will be available on demand.

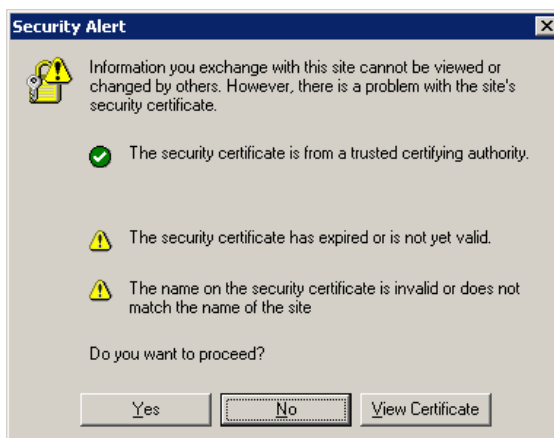
## 2.3 Starting ARMS

Follow these steps to begin using the ARMS system:

1. Launch your Internet browser. Internet Explorer 6.0 or higher or Netscape Navigator 7.0 or higher are the **Preferred browser**.
2. Click the “**Access ARMS**” link from the ARMS support website (<http://www.ncdhhs.gov/aging/arms/armspage.htm>):

**Access ARMS System**  
**Authorized Users Only**

Users may get a Security Alert screen similar to this:



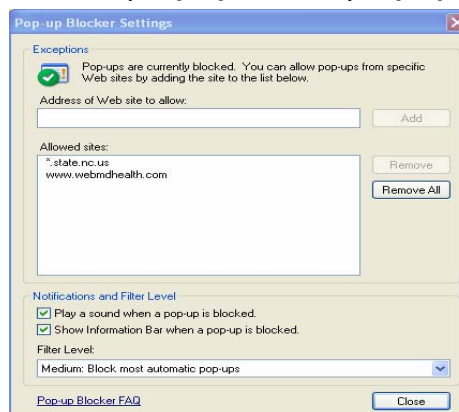
**Figure 1 – Security Alert**

Click **Yes** to continue.

**Hint:** For easy access to the ARMS webpage, add <http://www.ncdhhs.gov/aging/arms/armspage.htm> link to “**Favorites**” in Internet Explorer or “**Bookmark this Page**” in Netscape.

**NOTE:** You must have pop-ups enabled in order for the menu structure to operate correctly.

- a. To enable pop-ups in Internet Explorer, Click on the **Tools menu | Pop-up Blocker | Pop-up Blocker Settings**
- b. Enter the ARMS website address in the text box under “*Address of Web site to allow*”
- c. Click **Add**. This will be required for each PC used to access ARMS.



**Figure 2 – Pop-Up Blocker Settings**

3. The Web Identity Role-based Management (WIRM) login page will display.

The image shows the WIRM portal login screen. At the top, there is a header with the DHHS logo on the left, the text "WIRM portal" in large blue letters, and "web identity role management" in smaller black letters below it. To the right of the header are two buttons: "Login" and "Disclaimer". In the center, there is a login form with two input fields: "Name : linda.owens" and "Password : \*\*\*\*\*". Below these fields is a "Login" button. Below the login form is a box titled "Support Contact Information" containing text about security issues and support requests, and a footer note "posted by Ramana.Reddy on 8/7/2006 at 4:44 PM".

Figure 3 – WIRM Portal Login Screen

4. Enter the assigned WIRM user Name and Password. (This name is typically the user's first and last name (Example – linda.owens). There will be some exceptions with common names (John Smith, Mary Smith) as these require using middle initials or some other combination. The password must be at least 8 alphanumeric characters. The password is case-sensitive and will expire every 90 days.

3. Click Login.

A user profile has been set up for **all** authorized users. Functionality in ARMS is based on the user's unique profile. The profile includes identifying information about each user and the information a user can access. Users will see only that functionality which is assigned to one of the five access roles ([described in Table 1](#)).

You may change your password and other information at any time by using the **My Settings** link after you login.



Figure 4 – My Settings

If the **name is not found** a message will appear, check the assigned username and try again. If the **password is incorrect** a message will appear, check the password and type it again. WIRM users have three consecutive tries to login with their Name and Password, after which they will be *locked out* of WIRM. This helps prevent “hackers” from gaining system access.

If locked out, users **must** call the DHHS Customer Support Center (Help Desk), 919-855-3200, option 2, to have their password reset. **The Division of Aging and Adult Services staff cannot reset users’ password.**

Some users have multiple applications in WIRM, all of which are visible by clicking the **My Applications** tab which appears beneath the WIRM logo.



Figure 5 — The WIRM Portal “My Applications” Screen

4. Click the **thumbprint screen shot** or the **title text** to open ARMS to the home page.

The WIRM Portal automatically logs users OFF the system after a period of inactivity. If the following screen appears simply login again to continue using ARMS.



Figure 6 – Session Expired Screen

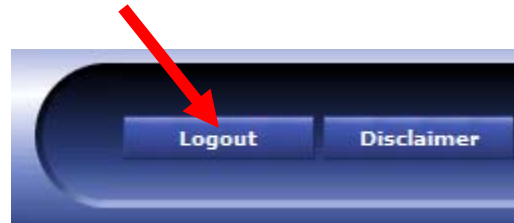


## 2.4 Getting Help in ARMS

Click on **Help** to open a copy of the latest ARMS *User Manual*.

## 2.5 Logging Out of ARMS

When finished using ARMS, always log out by clicking Logout in top right corner of screen.



Logging out helps prevent unauthorized access to ARMS.

The WIRM system will automatically log users out of ARMS after a given period of inactivity.  
(See Figure 6)

### 3 Providers

To view list Provider Agencies, click on the **Providers** link on the navigation bar. A list of provider agencies will display.

Users can list all providers by selecting the **All** link or users may narrow the list by clicking on the letter links in the index bar across the top to sort by **Agency Name**. Additional sorting can be done by clicking on the column headings. For example, to sort by City, click the column heading **City**.

Home	Region Allocation	Region Budget	Provider Budgets	Providers	Clients	Reports	Import ARMS/SIS
------	-------------------	---------------	------------------	-----------	---------	---------	-----------------

Index on Agency Name: <a href="#">All</a> - <a href="#">A</a> - <a href="#">B</a> - <a href="#">C</a> - <a href="#">D</a> - <a href="#">E</a> - <a href="#">F</a> - <a href="#">G</a> - <a href="#">H</a> - <a href="#">I</a> - <a href="#">J</a> - <a href="#">K</a> - <a href="#">L</a> - <a href="#">M</a> - <a href="#">N</a> - <a href="#">O</a> - <a href="#">P</a> - <a href="#">Q</a> - <a href="#">R</a> - <a href="#">S</a> - <a href="#">T</a> - <a href="#">U</a> - <a href="#">V</a> - <a href="#">W</a> - <a href="#">X</a> - <a href="#">Y</a> - <a href="#">Z</a>						
Code	Agency	Status	Address	City	▲	▲
G002	FRIENDSHIP ADULT DAY SERVICES	A	1946 Martin Street	BURLINGTON	<a href="#">Details...</a>	<a href="#">Clients...</a>
G003	ALAMANCE ELDERCARE, INC	A	2732 Anne Elizabeth Drive	BURLINGTON	<a href="#">Details...</a>	<a href="#">Clients...</a>
G004	ALAMANCE COUNTY TRANSPORTATION AUTHORITY	A	PO BOX 2746	BURLINGTON	<a href="#">Details...</a>	<a href="#">Clients...</a>
G005	RANDOLPH CO SENIOR ADULTS	A	133 W WAINMAN AVENUE	ASHEBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>
G007	LIFE CENTER OF DAVIDSON	A	601 W. Center Street	LEXINGTON	<a href="#">Details...</a>	<a href="#">Clients...</a>
G008	HOME HEALTH RANDOLPH HOSPITAL	A	PO BOX 1048	ASHEBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>
G009	HOMECARE PROVIDERS	A	PO BOX 205	BURLINGTON	<a href="#">Details...</a>	<a href="#">Clients...</a>
G010	ADULT CENTER FOR ENRICHMENT	A	122 N ELM STREET	GREENSBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>
G012	NC COOPERATIVE EXT RANDOLPH	A	2222-A S FAYETTEVILLE ST	ASHEBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>
G013	NC COOPERATIVE EXT ALAMANCE	A	209 N GRAHAM-HOPEDALE RD	BURLINGTON	<a href="#">Details...</a>	<a href="#">Clients...</a>
G014	UNITED WAY OF RANDOLPH COUNTY	A	PO BOX 2822	ASHEBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>
G015	NC COOPERATIVE EXT MONTGOMERY	A	203 W MAIN ST	TROY	<a href="#">Details...</a>	<a href="#">Clients...</a>
G018	CASWELL COUNTY	A	PO BOX 1405	YANCEYVILLE	<a href="#">Details...</a>	<a href="#">Clients...</a>
G020	LEGAL AIDE OF NC-GREENSBORO	A	PO BOX 3467	GREENSBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>

**Figure 7 – Providers Associated with a Region**

Provider codes consist of the Region code and a three digit numeric number. Provider Agency Codes are assigned by the ARMS Coordinator and will not change. Once a provider code is setup in ARMS it will never be assigned to another provider agency.

Status = A indicates that the provider agency is Active for the current fiscal year.

The **Details...** link will allow the user to edit or view provider agency information.

The **Clients...** link will allow the user to add, edit, or view Clients assigned to a provider agency.



### 3.1 Edit / View Provider Details

Click on Details... to edit / view Provider Agency information in the editable fields. Provider Code or Registration Date cannot be changed. The user can edit or modify any of the editable fields on this form. When complete, click **Update** to save or **Cancel** to return to the previous screen.

Provider Code :	G002		
Agency Name :	FRIENDSHIP ADULT DAY SERVICES		
RegistrationDate:	9/3/1998		
Address :	1946 Martin Street		
	BURLINGTON	NC	27216
Work Phone :	(336)	222	-7797 ext.
Fax Number :	(336)	222	-7798
Web Page :			
Contact Persons			
Name:	Kathryn Porter	Title:	EXEC DIRECTO
Email :	friend39@bellsouth.net		
Name:		Title:	
Email :			
Type Of Agency			
<input type="checkbox"/> Profit			
<input type="checkbox"/> Public			
<input type="checkbox"/> Minority			
<input checked="" type="checkbox"/> Non-Profit			
Type Services Provided			
<input type="checkbox"/> Supportive			
<input checked="" type="checkbox"/> Nutrition-Congregate			
<input checked="" type="checkbox"/> Nutrition-Home Delivered			
<input type="button" value="Update"/> <input type="button" value="Cancel"/>			

**With Nutrition Congregate and Nutrition-Home Delivered checked, the user will be should complete this portion of the Provider Agency Information**

Facility Type	Number Of Facilities
Restaurant	0
Senior Center	3
All Others	1
Public or Low Rent Housing	4
Religious	0
Operating School	0
Community Center	2
Congregate - Number Of Days Serving	
<input type="radio"/> 7 <input type="radio"/> 6 <input checked="" type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0	
Serving More Than One(1) Meal Per Day	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
Home Delivered Meals - Number Of Days Delivering	
<input type="radio"/> 7 <input type="radio"/> 6 <input checked="" type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0	
Delivering More Than One(1) Meal Per Day	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="button" value="Update"/> <input type="button" value="Cancel"/>	

**Figure 8 – View / Modify Provider by Region**

Provider User

Last updated: October 2, 2007 by Linda M. Owens

## 3.2 View Clients for Region Providers

To view the list of Clients associated with a Providers, click on **Clients...** (see Figure 30) and the full client list for that Provider will appear:

Add Client

Providers

Client List

Provider Code :G002

Agency Name :FRIENDSHIP ADULT DAY SERVICES

Index on Last Name: 

All

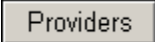
 - A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z

SSN#	Last Name ▲	First Name	Sex	Date Of Birth	Client Status	Registration Date	Status	
1111	BEAM	JUDY	F	12/23/1930	A	7/17/2002	A	<a href="#">Details...</a>
1111	BYRD	RUBY	F	4/10/ 1930	A	2/23/2005	A	<a href="#">Details...</a>
1111	CARR	CLONTZ	M	8/11/1930	A	4/6/2005	A	<a href="#">Details...</a>
1111	CAYNOR	ASHMORE	M	9/27/1930	A	7/17/2002	A	<a href="#">Details...</a>

Figure 9 – Client List for a Provider in a Region

To see the details for a particular Client, click the **Details....** link to open the Clients Detail screen, which allows the Region user to perform all the same functions as described in the Provider User Section on [Client Information](#).

Region users may also add a new Client by clicking on .

To return to the list of all Providers click on either the **Providers** link on the navigation bar or the  Button.

## 3.3 Clients

Refer to Provider User Section on [Client Information](#).

### 3.4 Provider User

The information in this section is applicable to those users who have been assigned the Provider role..

### 3.5 Provider Initial Screen

Users assigned the **Provider** role will see a startup screen similar to the one below.

ARMS.Provider

ARMS v0.0.9 | Help | Logout

Home

Search Client

Add New Client

Export

Reports

Import ARMS/SIS

Code	Provider	Status	Address	City			
G055	SENIOR RESOURCES OF GUILFORD	A	301 E. WASHINGTON STREET	GREENSBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>	<a href="#">Services...</a>

Figure 10 – Provider User Initial Screen

Each Provider has a unique alphanumeric ID which will never be assigned to another Provider. Therefore, each Provider User will see the initial screen with different contents in the table.

**NOTE:** The hyperlinks on this page include the navigation bar titles ([Home](#), [Search Client](#), [Add New Client](#), [Reports](#), and [Import ARMS/SIS](#)) and the words on the right-most columns of the table ([Details...](#)[Clients...](#) [Services...](#)).

### 3.6 Agency Information

This initial screen for the sample Provider User shows that this user has access to Provider agencies G055, Senior Resources of Guilford.

**NOTE:** The left side of the system header will always display the name of the user who is currently logged into ARMS. The screen above displays “ARMS.Provider.” This is the user name created for documentation purposes.

Additional information about each agency may be obtained by clicking one of the hyperlinks in the columns to the right. For example, to view more details about “Senior Resources of Guilford” follow these steps:

From the initial screen, click on the [Details...](#) link on the right.

Code	Provider	Status	Address	City				
G055	SENIOR RESOURCES OF GUILFORD	A	301 E. WASHINGTON STREET	GREENSBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>	<a href="#">Services...</a>	

Figure 11 – Provider Agency Information

The following screen will display. Make the necessary changes and click the **Update** button at the bottom of the screen. Click **Cancel** to abort any changes and/or to return to previous page.

Provider Code : G055  
Agency Name : SENIOR RESOURCES OF GUILFORD  
RegistrationDate: 8/24/2001  
Address : 301 E. WASHINGTON STREET  
GREENSBORO, NC 27420  
Work Phone : (336) 373-4816 ext.  
Fax Number : (336) 373-4922  
Web Page : www.senior-resources-guil

Contact Persons  
Name: RENEE GRIFFIN Title: ASSISTANT DIRECTOR  
Email : renee.griffin@ncmail.net  
Name: ELLEN WHITLOCK Title: DIRECTOR  
Email :

Type Of Agency  
☐ Profit  
☐ Public  
☐ Minority  
☒ Non-Profit

Type Services Provided  
☒ Supportive  
☒ Nutrition-Congregate  
☒ Nutrition-Home Delivered

Facility Type	Number Of Facilities
Restaurant	0
Senior Center	3
All Others	1
Public or Low Rent Housing	4
Religious	0
Operating School	0
Community Center	2

Congregate - Number Of Days Serving  
☐ 7 ☐ 6 ☒ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

Serving More Than One(1) Meal Per Day  
☒ Yes  
☐ No

Home Delivered Meals - Number Of Days Delivering  
☐ 7 ☐ 6 ☒ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

Delivering More Than One(1) Meal Per Day  
☐ Yes  
☒ No

Update Cancel

Unique ID (Assigned by DAAS and cannot be changed). The registration date cannot be changed.

Provider Agency Codes are assigned by DAAS ARMS Coordinator and cannot be changed.

Only Regional Staff can request provider agencies access to ARMS using the DAAS-150 Form.

Provider codes consist of the Region code and a three digit numeric number. In this example, the provider code is G055. This user's profile has been set up to access a provider in Region G.

Only active providers with current budgets with AAA will have access to ARMS for the current fiscal year.

Figure 12 – Provider Agency Detailed Screen

If any changes are required to agency details, simply make them in any editable box or field, then click **Update** at the bottom of the screen. Click **Cancel** to discard any changes or to return to the previous screen.

### 3.7 Client Information

Provider users may view or modify client information using either of two methods:

**ONE:** By clicking on the **Clients...** link on the initial screen and selecting the desired client from the resulting list (which is the method followed in the example below).

**TWO:** By searching directly for a client using the **Search Client** link on the ARMS system header bar. The search client screen also appears in ARMS to locate a specific client for viewing/editing.

To view list of clients associated with the “Senior Resources of Guilford” click on the **Clients...** link on the right side of the table.

Code	Provider	Status	Address	City			
G055	SENIOR RESOURCES OF GUILFORD	A	301 E. WASHINGTON STREET	GREENSBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>	<a href="#">Services...</a>

Figure 13 – Sample List of Agencies

The **Client List** for that agency will appear:

Add Client

Providers

**Client List**

Provider Code : G002

Agency Name : FRIENDSHIP ADULT DAY SERVICES

Index on Last Name: [\[All\]](#) - [A](#) - [B](#) - [C](#) - [D](#) - [E](#) - [F](#) - [G](#) - [H](#) - [I](#) - [J](#) - [K](#) - [L](#) - [M](#) - [N](#) - [O](#) - [P](#) - [Q](#) - [R](#) - [S](#) - [T](#) - [U](#) - [V](#) - [W](#) - [X](#) - [Y](#) - [Z](#)

SSN#	Last Name ▲	First Name	Sex	Date Of Birth	Client Status	Registration Date	Status	
1111	BEAM	JUDY	F	12/23/1930	A	7/17/2002	A	<a href="#">Details...</a>
1111	BYRD	RUBY	F	4/10/ 1930	A	2/23/2005	A	<a href="#">Details...</a>
1111	CARR	CLONTZ	M	8/11/1930	A	4/6/2005	A	<a href="#">Details...</a>
1111	CAYNOR	ASHMORE	M	9/27/1930	A	7/17/2002	A	<a href="#">Details...</a>

Figure 14 – Sample List of Clients

To view or edit specific details on a client (client record), click on the **Details...** link on the right. The Provider Client Details screen will appear:

ARMS makes it easier to locate clients by using an linked index bar at the top of the Client List.

Index on Last Name: [\[All\]](#) - [A](#) - [B](#) - [C](#) - [D](#) - [E](#) - [F](#) - [G](#) - [H](#) - [I](#) - [J](#) - [K](#) - [L](#) - [M](#) - [N](#) - [O](#) - [P](#) - [Q](#) - [R](#) - [S](#) - [T](#) - [U](#) - [V](#) - [W](#) - [X](#) - [Y](#) - [Z](#)

Figure 15 – Provider Budget Index Bar

Click **Add Client** to **Search for existing client** or to **Add new client** to a Provider.



Add Client
Providers

**Client List**  
Provider Code : G100  
Agency Name : SERVICE PROVIDER

Index: **All** - A - B - C - D - E -  

SSN4	Last Name▲	First I
5170	AUSTIN	KATHE
9999	Bennett	John

**Provider Client Assessment**  
Provider Code : G100      Agency Name : SERVICE PROVIDER  

☐ Search for existing client
☐ Add new client

Next
Cancel

If the user click Search for existing client the following screen will prompt the user to enter search criteria. Refer to [Section 3.3.2.1](#) for more information on searching for a client.

**Provider Client Assessment**  
Provider Code : G100      Agency Name : SERVICE PROVIDER  

☒ Search for existing client
☐ Add new client

**Search client**  
Person Last4 Digits SSN :   
Last Name :   
First Name :   
Sex :  ▼  
Date Of Birth :  /  /   

Search
Reset

Next
Cancel

Valid search fields include Last4 Digits of SSN, Last Name and First Name

Date of Birth can be search in combination of the above criteria.

Simply click on any of the letters in the bar to list clients' last name beginning with that letter. Clicking the letter "H" will yield the results in the example below.

Add Client

Providers

# Client List

Provider Code :

G100

Agency Name :

SERVICE PROVIDER

Index on Last Name: [All] - A - B - C - D - E - F - G - **H** - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z

SSN4	Last Name ▲	First Name	Sex	Date Of Birth	Client Status	Registration Date	Status	
7717	HARVEY	BARRY	M	7/7/1921	R	5/8/2007	A	<a href="#">Details...</a>
7656	HENSLEY	MARK	M	6/6/1940	R	5/10/2007	A	<a href="#">Details...</a>
1999	HEPBURN	KATHRINE	F	3/3/1920	R	6/18/2007	A	<a href="#">Details...</a>
7656	Homedelivered	Test	F	1/1/1927	R	3/15/2007	A	<a href="#">Details...</a>
2000	HUDSON	ROCK	M	4/4/1930	R	6/18/2007	A	<a href="#">Details...</a>

Add Client

Providers

**Figure 16 – Client Results**

In the above example, clients with last name beginning with the letter "H" are displayed. The user can further sort client by select the column link. This symbol ▲ next to a column heading indicates how the column is sorted. In this example, additional sort is by last name.

If the user selects a letter with no corresponding clients the following screen will display.

Add Client		Providers	
<b>Client List</b>			
Provider Code :		G100	
Agency Name :		SERVICE PROVIDER	
Index on Last Name: <u>All</u> - <u>A</u> - <u>B</u> - <u>C</u> - <u>D</u> - <u>E</u> - <u>F</u> - <u>G</u> - <u>H</u> - <u>I</u> - <u>J</u> - <u>K</u> - <u>L</u> - <u>M</u> - <u>N</u> - <u>O</u> - <u>P</u> - <u>Q</u> - <u>R</u> - <u>S</u> - <u>T</u> - <u>U</u> - <u>V</u> - <u>W</u> - <u>X</u> - <u>Y</u> - <u>Z</u>			
There are no clients			
Add Client		Providers	

**Figure 17 – Client Results with no clients**

### 3.8 Add client to Provider

User can search for an existing client or add a new client.

Add Client

Providers

**Client List**

Provider Code : G100  
Agency Name : SERVICE PROVIDER

Index on Last Name: [\[All\]](#) - [A](#) - [B](#) - [C](#) - [D](#) - [E](#) - [F](#) - [G](#) - [H](#) - [I](#) - [J](#) - [K](#) - [L](#) - [M](#) - [N](#) - [O](#) - [P](#) - [Q](#) - [R](#) - [S](#) - [T](#) - [U](#) - [V](#) - [W](#) - [X](#) - [Y](#) - [Z](#)

SSN4	Last Name ▲	First Name	Sex	Date Of Birth	Client Status	Registration Date	Status	
7717	HARVEY	BARRY	M	7/7/1921	R	5/8/2007	A	<a href="#">Details...</a>
7656	HENSLEY	MARK	M	6/6/1940	R	5/10/2007	A	<a href="#">Details...</a>
1999	HEPBURN	KATHRINE	F	3/3/1920	R	6/18/2007	A	<a href="#">Details...</a>
7656	Homedelivered	Test	F	1/1/1927	R	3/15/2007	A	<a href="#">Details...</a>
2000	HUDSON	ROCK	M	4/4/1930	R	6/18/2007	A	<a href="#">Details...</a>

Add Client

Providers

**Provider Client Assessment**

Provider Code : G100    Agency Name : SERVICE PROVIDER

☐ Search for existing client    ☐ Add new client

Next

Cancel

**Search for existing client** will allow user to search for a client that is already registered

In this example, the search is on the client id, click **Search** and a list of clients with that client id will display.

If the client is in the list, select the client by clicking the box to the left. Only one client at a time can be selected. Click **Next** to continue with this client or click **Cancel** to return to previous screen.

**Provider Client Assessment**

Provider Code :
G100
Agency Name : SERVICE PROVIDER

☒ Search for existing client
☐ Add new client

**Search client**

Person Last4 Digits SSN :
8750

Last Name :

First Name :

Sex :

Date Of Birth :

Search
Reset

**List of Clients**

	Last Name	First Name	MI	SSN4	Sex	Date Of Birth	Status
<input type="checkbox"/>	ABRAHAM	POLLY		8750	F	1/17/1937	A
<input type="checkbox"/>	EDWARDS	DORENE	T	8750	F	9/20/1926	A
<input type="checkbox"/>	LINDSEY	CLOLINE		8750	F	12/15/1913	A
<input type="checkbox"/>	MARION	NELLIE		8750	F	11/10/1913	A
<input type="checkbox"/>	NORWOOD	LOIS	Y	8750	F	5/11/1933	A

Next
Cancel

**Figure 18 – Provider Client – Search/Add**

If the client is not in the list, you can search on last name, etc.

Click Add new client to display the screen to entry client information from the DAAS-101 Client Registration Form (Questions 1-13). Click Add Client.

<input type="radio"/> Search for existing client <input checked="" type="radio"/> Add new client	
<b>Add New Client</b>	
Last 4 Digits SSN :	<input style="width: 100%;" type="text"/>
Last Name :	<input style="width: 90%;" type="text"/>
First Name :	<input style="width: 80%;" type="text"/>
Middle Initial :	<input style="width: 50%;" type="text"/>
Date Of Birth :	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> <input type="checkbox"/> Special Eligibility
Address :	<input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 20%;" type="text"/> , <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>
County :	<input style="width: 80%;" type="text"/> ▼
Phone :	<input style="width: 15%;" type="text"/> ( <input style="width: 15%;" type="text"/> ) <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input type="checkbox"/> No Phone
Sex :	<input type="radio"/> Male <input type="radio"/> Female
At/below poverty level :	<input type="radio"/> Yes <input type="radio"/> No
Marital Status <input type="radio"/> Single (never married) <input type="radio"/> Married <input type="radio"/> Single (divorced/widowed) <input type="radio"/> Refused To Answer	Household Size <input type="radio"/> Lives Alone <input type="radio"/> 2 in home <input type="radio"/> 3 or more in home <input type="radio"/> Group/Shared Home <input type="radio"/> Refused to answer
Race (Client Most Closely Identifies) <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> American Indian/Alaska Native <input type="radio"/> White <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Refused/Unknown <input type="radio"/> Other	Other Race (Check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Refused/Unknown <input type="checkbox"/> Other
Hispanic/Latino :	<input type="radio"/> Yes <input type="radio"/> No
Primary Language Spoken :	<input style="width: 80%;" type="text"/> English ▼
<input type="button" value="Add Client"/>	

Click Add Client. The following screen will display. Click Next to add Services to the client.

## Provider Client Assessment

Provider Code : G100    Agency Name : SERVICE PROVIDER

☐ Search for existing client    
 ☐ Add new client

### Provider Client Assessment

Provider Code : G100    Agency Name : SERVICE PROVIDER  
 Last 4Digits of SSN : 7656    Date Of Birth : 6/6/1940  
 First Name : MARK    Last Name : HENSLEY

	Service Code	Name	Service Status
<input type="checkbox"/>	020	HOME DELIVERED MEALS	Active ▾
<input checked="" type="checkbox"/>	250	TRANSPORTATION	Active ▾
<input type="checkbox"/>	260	SENIOR COMPANION	Active ▾
<input type="checkbox"/>	309	GROUP RESPITE	Waiting ▾
<input type="checkbox"/>	610	CARE MANAGEMENT	Inactive ▾
<input type="checkbox"/>	820	CG-ASSISTANCE WITH ACCESS	Active ▾
<input checked="" type="checkbox"/>	830	CG-COUNSELING, TRAINING, SUPPORT	Active ▾
<input type="checkbox"/>	850	CG-SUPPLEMENTAL SERVICES	Active ▾

Check the box to the left of the services indicated on the DAAS-101 Client Registration Form Section I. Click **Next**. The next screen to display is based on what services the user selected. The following service codes will require the user to complete

Service Code(s)	DAAS-101 – Sections
020, 021, 022, 610	Sections I, II, IV, V, VI, and VII
180, 181, 182	Section I, II and VII
033, 250	Section I and VII
Respite - 210, 309	Sections I, VI, and VII – Caregiver information
In-Home Respite 235, 235, 237, 238, Family Caregiver 820, 830, 840, 850	Section III, VI, and V – Care Recipient Information
All other HCCBG services	Sections I, IV, V (if appropriate), VI (if appropriate), and VII

### 3.9 Update Provider Client Details

From the Provider Client Details page, click on the **Update** button, then click the client [Details...](#) link. The following screen appears:

Click Agency Name to view or update Provider Agency Information

Click Client Name to view or update record

**Provider Client Details**

Provider Code : G100

Agency Name : [SERVICE PROVIDER](#)

Last 4 Digits SSN : 7656

Name : [HENSLEY MARK](#)

Provider Client Established Date : 05 / 10 / 2007

Provider Client Status : Active

Client Status : R

Date Of Birth : 6/6/1940

Registration Date : 5/10/2007

Address : STREET

City : LIZARDLICK

State : NC

Zip : 27655

County : Wake

Phone : ( ) -

Sex : Male

Marital Status : Married

Emergency Contact Person

Name: HELEN HENSLEY

Day Time Phone: (336) 555-6001

Evening Phone: (336) 555-7112

Update

cancel

**Provider Client Services**

Service Code	Service Name	Service Status
830	CG-COUNSELING, TRAINING, SUPPORT	A

Update Services

**Provider Client Care Recipients**

Add Care Recipients

**Provider Client Assessments**

AssessmentDate	Functional Status	Nutrition Health Score	
<a href="#">5/10/2007</a>	Old Functional Score: 0	Good Nutrition	<a href="#">Details...</a>

Figure 19 – Provider Client Details Screen

Provider Users may change only the **Provider Client Status** or the **Provider Client Established Date** on this screen. To submit changes, click **Update** or click **Cancel** to exit



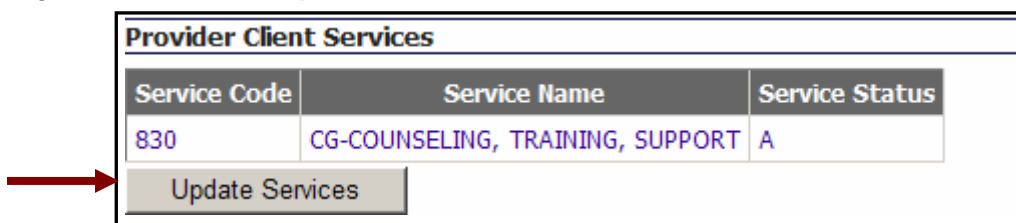
without saving and return to the previous screen. To change Client Record, click the client name link. Example: [Hensley Mark](#)

### 3.10 Update Provider Client Services

Updating Provider Client Services is a two-part process.

#### STEP ONE

To begin, scroll down to **Update Services**:

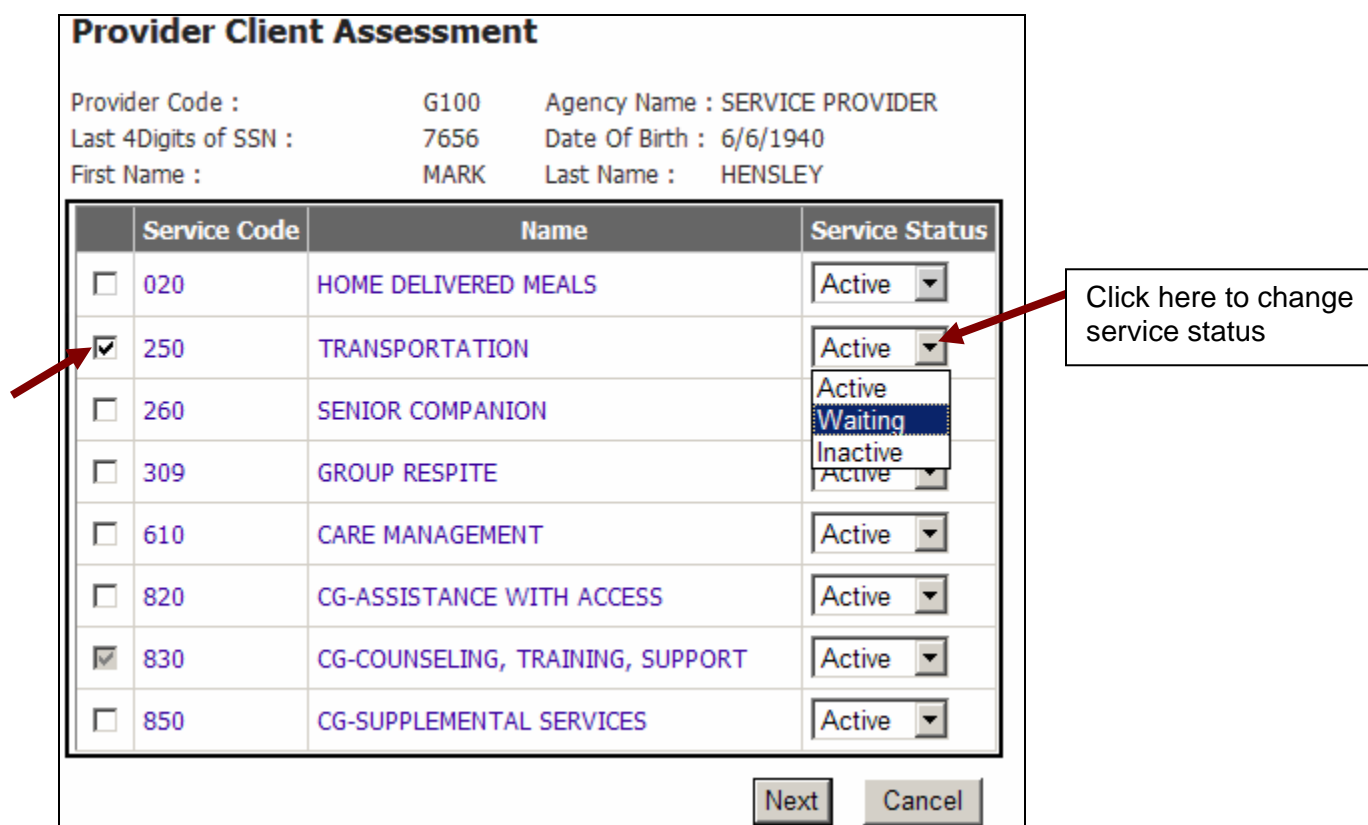


Service Code	Service Name	Service Status
830	CG-COUNSELING, TRAINING, SUPPORT	A

Update Services

Figure 20 – Provider Client Services Screen

Click the **Update Services** button and the first screen in the process appears:



**Provider Client Assessment**

Provider Code : G100      Agency Name : SERVICE PROVIDER  
Last 4 Digits of SSN : 7656      Date Of Birth : 6/6/1940  
First Name : MARK      Last Name : HENSLEY

	Service Code	Name	Service Status
<input type="checkbox"/>	020	HOME DELIVERED MEALS	Active
<input checked="" type="checkbox"/>	250	TRANSPORTATION	Active
<input type="checkbox"/>	260	SENIOR COMPANION	Active
<input type="checkbox"/>	309	GROUP RESPITE	Waiting
<input type="checkbox"/>	610	CARE MANAGEMENT	Inactive
<input type="checkbox"/>	820	CG-ASSISTANCE WITH ACCESS	Active
<input checked="" type="checkbox"/>	830	CG-COUNSELING, TRAINING, SUPPORT	Active
<input type="checkbox"/>	850	CG-SUPPLEMENTAL SERVICES	Active

Next      Cancel

Figure 21 – Provider Client Assessment, Status Selection Screen

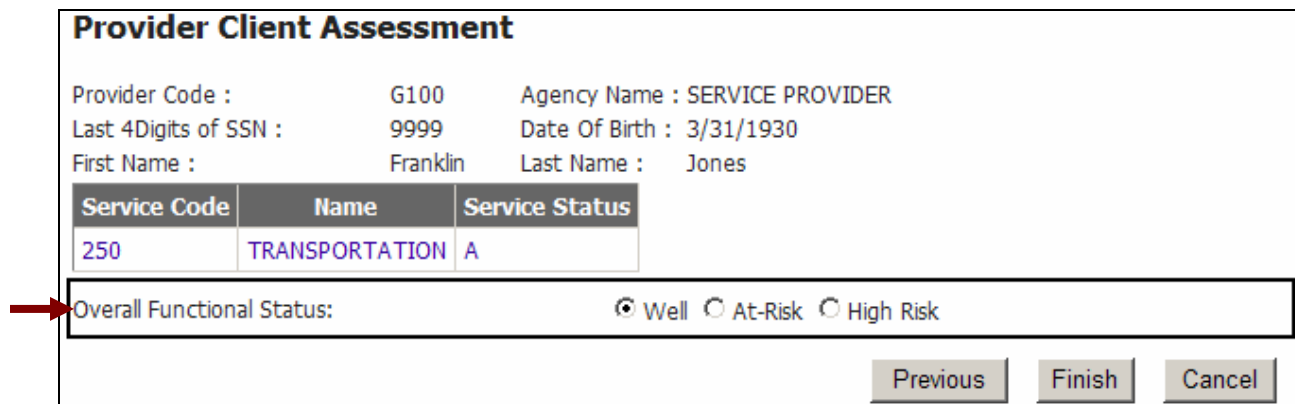
All services associated with this **Provider** appear. User should select the service(s) for this client by clicking the box ☒ to the left of the service. Users may change the *Service Status*

ONLY to *Active*, *Waiting* or *Inactive* by clicking the arrow to the right of any drop-down box. To view the Service Status options click this symbol. ▼

## STEP TWO

When complete, click **Next**. The appropriate *Provider Client Assessment* form will appear based on service selected.

If the user selected General Transportation (250) or Medical Transportation (033) the following screen will appear for the user to select the Overall Functional Status of the Client.



**Provider Client Assessment**

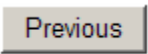
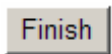
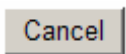
Provider Code : G100      Agency Name : SERVICE PROVIDER  
Last 4Digits of SSN : 9999      Date Of Birth : 3/31/1930  
First Name : Franklin      Last Name : Jones

Service Code	Name	Service Status
250	TRANSPORTATION	A

Overall Functional Status: ☒ Well ☐ At-Risk ☐ High Risk

**Previous** **Finish** **Cancel**

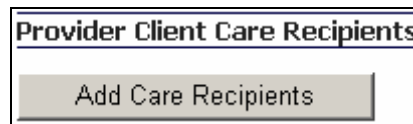
**Figure 22 Client Overall Functional Status**

- |   |   |
|---|---|
|  | Click <b>PREVIOUS</b> to return to the list of available services to this Client                                      |
|  | When the Provider Client Assessment is complete, click the <b>FINISH</b> button to return to the Client Detail Screen |
|  | Click <b>CANCEL</b> to return to Provider Client Detail   |

**NOTE:** There are several possible forms which may appear for client assessments.  
Complete examples and instructions for each are included in the Appendix to this manual.

### 3.11 Add Provider Care Recipients

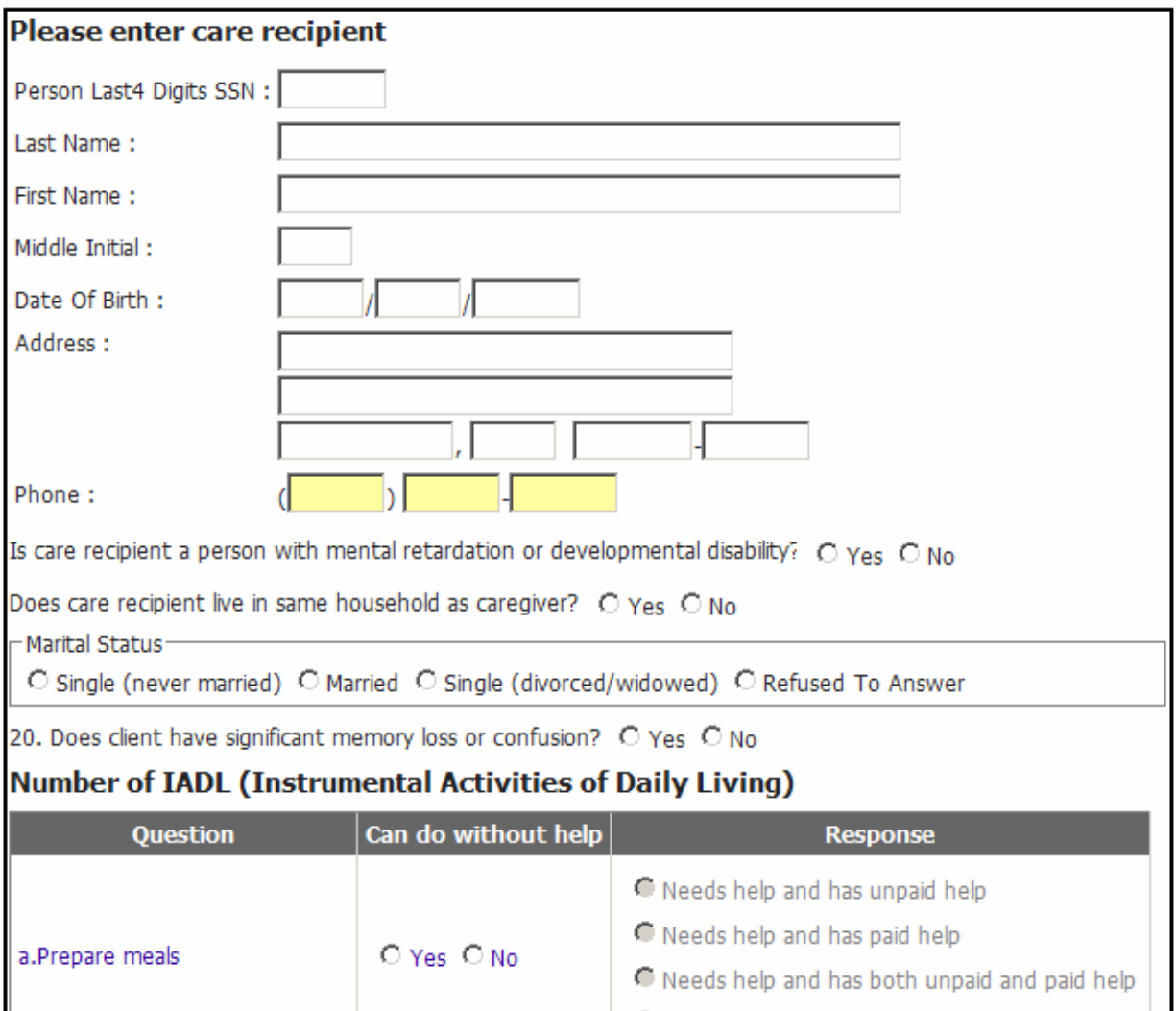
To add care recipients for the selected client scroll down to the part of the screen:



The screenshot shows a box titled "Provider Client Care Recipients" with a button labeled "Add Care Recipients" inside it.

Figure 23 – Add Care Recipients

Click the **Add Care Recipients** button. The Add Client screen appears:



The screenshot shows a form titled "Please enter care recipient". It contains the following fields and questions:

- Person Last4 Digits SSN :
- Last Name :
- First Name :
- Middle Initial :
- Date Of Birth :  /  /
- Address :   
  
 ,   -
- Phone : (  )  -
- Is care recipient a person with mental retardation or developmental disability? ☐ Yes ☐ No
- Does care recipient live in same household as caregiver? ☐ Yes ☐ No
- Marital Status: ☐ Single (never married) ☐ Married ☐ Single (divorced/widowed) ☐ Refused To Answer
- 20. Does client have significant memory loss or confusion? ☐ Yes ☐ No
- Number of IADL (Instrumental Activities of Daily Living)**

Question	Can do without help	Response
a. Prepare meals	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Needs help and has unpaid help <input type="radio"/> Needs help and has paid help <input type="radio"/> Needs help and has both unpaid and paid help

Figure 24 – Add Provider Care Client

The user should key the information from the DAAS-101 Client Registration Form. All **Care Recipient** information is required entries. When complete, click **Finish**.

Provider Client Care Recipients						
SSN4	Name	Sex	Date Of Birth	Client Status	Registration Date	
9999	Iron Metal	F	5/21/1907	A	1/1/0001	<a href="#">Details...</a>
Add Care Recipients						

**Figure 25 – Update Provider Client Care Recipient**

To Update the Care Recipient the user should click the [Details...](#) link. The following screen will display for the user to update existing data from the DAAS-101 Client Registration Form Section III and Section IV.

DAAS-101  
Section IV  
Question 20

This data is keyed from DAAS-101 Client Registration Form Section IV, V and VI.

23. How many unpaid caregivers involved in care including primary caregiver? ☒ 0 ☐ 1 ☐ 2 ☐ 3 or more

24. How many hours per day of help, care, or supervision does client need? (Select DAILY or WEEKLY)  
 a. # of daily hours needed **Daily**  **Weekly**   
 b. If not daily, # of hours per week needed

25. How many hours per day of help, care, or supervision does caregiver provide? (Select DAILY or WEEKLY)  
 a. # of daily hours needed **Daily**  **Weekly**   
 b. If not daily, # of hours per week needed

26. Caregiver's Relationship to care recipient

☐ Wife ☐ Granddaughter/in-law ☐ Grandmother  
☐ Husband ☐ Grandson/in-law ☐ Grandfather  
☐ Daughter/in-Law ☐ Niece ☐ Aunt  
☐ Son/in-law ☐ Nephew ☐ Uncle  
☐ Sister ☐ Mother ☐ Other relative  
☐ Brother ☐ Father ☐ Non-relative

30. Is the primary caregiver a long distance caregiver? ☐ Yes ☒ No

**Update** **cancel**

**Figure 27 - Provider Client Care Recipient Questions**

Items 24 and 25 allow the user to click **Daily** or **Weekly**. Only one entry can be made, either **Daily** or **Weekly**. Selecting **Daily** will disable **Weekly** as will selecting **Weekly** will disable **Daily**.

Click **Update** to save changes or click **Cancel** to discard and return to the previous screen.

The user can change the Assessment Date and make other changes to the Assessment Details. Changing the date will create another Assessment Record for the client.

**Provider Client Care Recipient Assessment Details**

Assessment Date:  /  /

Provider Client Care Recipient Assessments		
AssessmentDate	Functional Status	
5/21/2007	Low Risk	<a href="#">Details...</a>
5/22/2007	Low Risk	<a href="#">Details...</a>

**Figure 28 Assessment Date**

Clicking [Details...](#) will only allow user to update Care Recipient Established Date and Status.

**Provider Client Care Recipient Details**

Last 4 Digits SSN : 9999  
 Name : Iron Metal  
 Care Recipient Established Date : 05 / 21 / 2007  
 Care Recipient Status : Inactive  
 Inactive Status  
☐ Adult care home/Assisted living  
☐ Alternative living arrangements  
☐ Death  
☐ Hospitalization  
☐ Other (Specify)  
☐ Improved function/need eliminated  
☐ Service not needed/wanted  
☐ Illness  
☐ Nursing Home Placement  
 Date Status Changed:  /  /   
 Client Status : A  
 Date Of Birth : 5/21/1907  
 Registration Date : 1/1/0001  
 Address : 1529 W Garner Road Garner, NC 27529-092  
 County : 092  
 Sex : Female  
 Marital Status : Married

**Provider Client Care Recipient Assessments**

AssessmentDate	Functional Status	
5/21/2007	Low Risk	<a href="#">Details...</a>
5/22/2007	Low Risk	<a href="#">Details...</a>

**Figure 29 – Provider Client Care Recipient Inactive Status**

When **Inactive** is selected the user is prompted to add the reason **Inactive** was chosen. In this example, the Inactive Status applies to the Care Recipient. The user should key the information recorded on the DAAS-101 Client Registration Form, Section I, Item 1.

The **Date Status Changed** is the date recorded on the DAAS-101 Client Registration Form.

Click **Update** to save changes or click **Cancel** to discard and return to the previous screen.



### 3.12 Search for an existing Client

Click **Search Client** on the menu bar to find a specific client for viewing or updating.

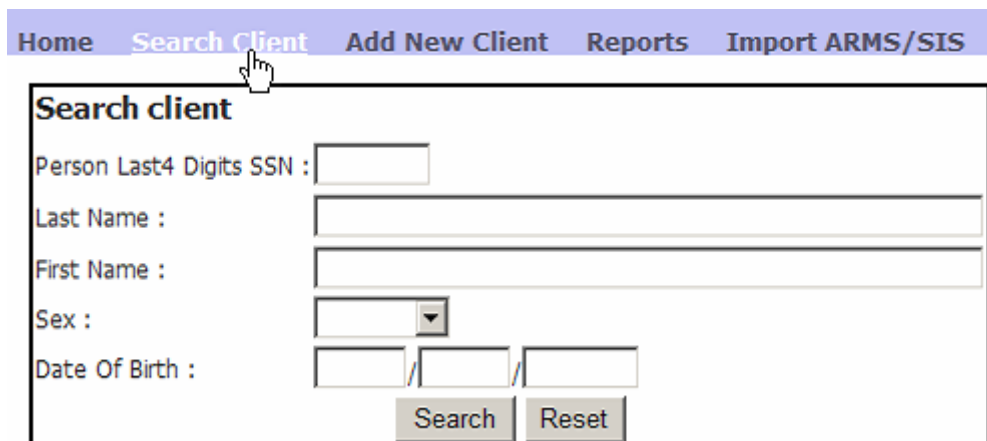


Figure 30 – Client Search (adding Care Recipients)

Enter search criteria in at least one of the fields above. The more information typed, the fewer the search results will display. For example, typing only “Smith” in the Last Name box will yield many results, but adding the **Last4** (of the SSN) or **Date of Birth** will narrow the results significantly.

**NOTE:** A search using the **Date of Birth** must also include at least one other criterion – Person Last4 Digits SSN, Last Name or First Name

**NOTE:** Entering too much information in the fields may result in NOT finding the desired client. If a match is not found for a client that is known to exist the cause is may be a misspelling or typing mistake, verify information and try again.

For example, entering **8750** in the **Last4 Digits** (of SSN) field, then clicking **Next**, results in the following search results display:

List of Clients								
Last Name	First Name	MI	SSN4	Sex	Date Of Birth	Status	Registration Date	
ABRAHAM	POLLY		8750	M	1/17/1910	A	11/4/2005	<a href="#">Details...</a>
EDWARDS	DANIEL	T	8750	F	5/20/1910	A	9/1/2004	<a href="#">Details...</a>
LINDSEY	DELL		8750	F	12/15/1910	A	8/13/1997	<a href="#">Details...</a>
MARION	SALLY		8750	M	11/10/1910	A	6/3/2002	<a href="#">Details...</a>
NORWOOD	WALLY	Y	8750	M	7/22/1910	A	7/28/2005	<a href="#">Details...</a>

Figure 31 – Select a Client from Search Results

Click the [Details...](#) link to the right to open the client information:

ABRAHAM, POLLY : Demographics/Status (Hide Details...)

Last 4 Digits SSN :
8750

Last Name :
ABRAHAM

First Name :
POLLY

Middle Initial :

Last Name :
ABRAHAM

First Name :
POLLY

Middle Initial :

Status:
Active

Registration Date
11/4/2005

Activation Date:
11/4/2005

Date Of Birth :
04 / 17 / 1937
☐ Special Eligibility

Address :
2022 HASSELL ST

GREENSBORO, NC 27401

County :
Guilford

Phone :
(336) 852-9568
☐ No Phone

Sex :
☐ Male ☒ Female

At/below poverty level :
☐ Yes ☒ No

Marital Status

☐ Single (never married)
☐ Married
☐ Single (divorced/widowed)
☐ Refused To Answer

Household Size

☐ Lives Alone
☒ 2 in home
☐ 3 or more in home
☐ Group/Shared Home
☐ Refused to answer

Race (Client Most Closely Identifies)

☒ Black/African American
☐ Asian
☐ American Indian/Alaska Native
☐ White
☐ Native Hawaiian/Other Pacific Islander
☐ Refused/Unknown
☐ Other

Other Race (Check all that apply)

☒ Black/African American
☐ Asian
☐ American Indian/Alaska Native
☐ White
☐ Native Hawaiian/Other Pacific Islander
☐ Refused/Unknown
☐ Other

Hispanic/Latino :
☐ Yes ☒ No

Primary Language Spoken :
English

ABRAHAM, POLLY : Emergency Contact Info (Hide Details...)

Emergency Contact Person

Name:
DELORES JOHNSON

Day Time Phone:
(336) 852-9568

Evening Phone:

Created User:
Ramana.Reddy

Created Time:
9/19/2006 4:39:22 PM

Last Updated User:
Ramana.Reddy

Last Updated Time:
9/19/2006 4:39:22 PM

ABRAHAM, POLLY : Associated Provider Info (Show Details...)

Update cancel

Figure 32 – Client Details

This form is divided into three sections:

- Demographics / Status (DAAS-101 Client Registration Form – Questions 1-14)
- Emergency Contact Info (DAAS-101- Client Registration Form - Section VII)
- Associated Provider Info providing serving this client

**ABRAHAM, POLLY : Associated Provider Info (Hide Details...)**

Providers		
Provider Code	Status	Agency Name
G055	A	<a href="#">SENIOR RESOURCES OF GUILFORD</a>

Providers where Client is Care Recipient

There are no associated providers where this client is a Care Recipient

Providers where Client is Caregiver

Provider Code	Status	Agency Name	Care Recipient
G055	I	<a href="#">SENIOR RESOURCES OF GUILFORD</a>	<a href="#">BEA BULLOCK</a>
G055	A	<a href="#">SENIOR RESOURCES OF GUILFORD</a>	<a href="#">Tim TimTest</a>

**Figure 33 – Associated Provider Information for Client**

For additional client information, click any where on the blue bar to **Show Details**. Click on the blue bar to **Hide Details**

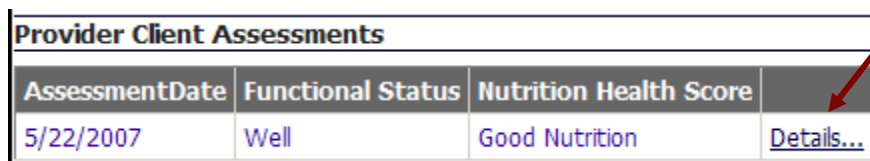


**Figure 34 -- Using the Scroll Button**

When the form is complete, click **Update** to save the information and return to the previous screen, or **Cancel** to return without saving.

**NOTE:** If an error message is received the most likely cause is failing to fill in all the required fields. The user will be prompted in red of the error message. Please review the form and try again.

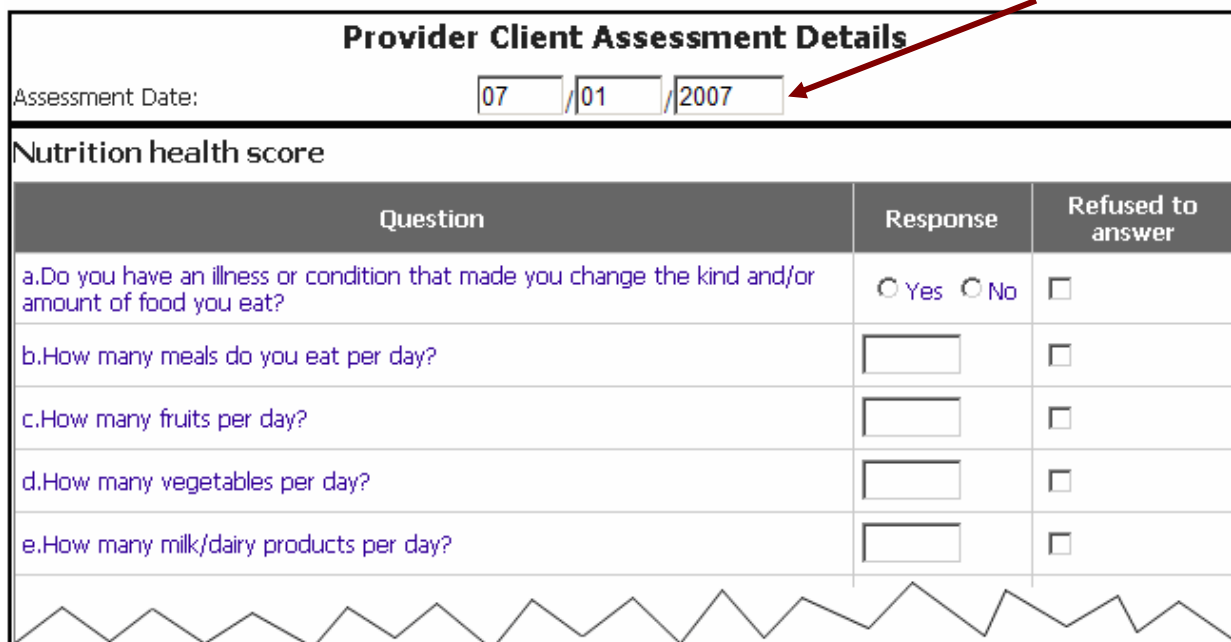
### 3.12.1 Provider Care/Client Assessments



Provider Client Assessments			
AssessmentDate	Functional Status	Nutrition Health Score	
5/22/2007	Well	Good Nutrition	<a href="#">Details...</a>

Figure 35 – Provider Client Assessment Selection Screen

Choose one of the assessment types by clicking on the appropriate [Details...](#) link. The assessment form will appear next. To add a new assessment, change the date and update as needed. Click **Update** to Save new assessment or click **Cancel** to exit the form without saving.



**Provider Client Assessment Details**

Assessment Date:  /  /

**Nutrition health score**

Question	Response	Refused to answer
a.Do you have an illness or condition that made you change the kind and/or amount of food you eat?	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
b.How many meals do you eat per day?	<input type="text"/>	<input type="checkbox"/>
c.How many fruits per day?	<input type="text"/>	<input type="checkbox"/>
d.How many vegetables per day?	<input type="text"/>	<input type="checkbox"/>
e.How many milk/dairy products per day?	<input type="text"/>	<input type="checkbox"/>

Figure 36 – Sample Client Assessment Form Details

**NOTE:** There are a number of assessment forms in ARMS. The figure above shows the top part of a typical example. All forms and instructions for using them are included in the Appendix to this manual.

## 3.13 Add a New Client

To add a new client to ARMS, click **Add New Client** on the menu bar.

[Home](#) [Search Client](#) [Add New Client](#) [Reports](#) [Import ARMS/SIS](#)

The Client Data Entry Screen will display for users to key data from DAAS-101. Click the **Create** button to add the client. If any required field is left blank—or invalid characters are used—the

system will show **warning messages in red text** where the errors occurred. Simply correct the errors and click Create again to complete this process. Click Cancel to exit the form without saving.

: Demographics/Status (Hide Details...)

Last 4 Digits SSN :

Last Name :

First Name :

Middle Initial :

Date Of Birth :
 /  / ☐ Special Eligibility

Address :
 ,  -

County :

Phone :
(  )  - ☐ No Phone

Sex :
☐ Male ☐ Female

At/below poverty level :
☐ Yes ☐ No

Marital Status
☐ Single (never married)
☐ Married
☐ Single (divorced/widowed)
☐ Refused To Answer

Household Size
☐ Lives Alone
☐ 2 in home
☐ 3 or more in home
☐ Group/Shared Home
☐ Refused to answer

Race (Client Most Closely Identifies)
☐ Black/African American
☐ Asian
☐ American Indian/Alaska Native
☐ White
☐ Native Hawaiian/Other Pacific Islander
☐ Refused/Unknown
☐ Other

Other Race (Check all that apply)
☐ Black/African American
☐ Asian
☐ American Indian/Alaska Native
☐ White
☐ Native Hawaiian/Other Pacific Islander
☐ Refused/Unknown
☐ Other

Hispanic/Latino :
☐ Yes ☐ No

Primary Language Spoken :

English

: Emergency Contact Info (Show Details...)

: Associated Provider Info (Show Details...)

Create

cancel

Figure 37 – Add New Client

### 3.14 Provider Services

To view the services associated with any provider, click the **Services...** link:

ARMS.Provider		ARMS v0.0.9   Help   Logout					
<a href="#">Home</a>	<a href="#">Search Client</a>	<a href="#">Add Client</a>	<a href="#">Reports</a>	<a href="#">Import ARMS/SIS</a>			
Code	Provider	Status	Address	City			↓
G055	SENIOR RESOURCES OF GUILFORD	A	301 E. WASHINGTON STREET	GREENSBORO	<a href="#">Details...</a>	<a href="#">Clients...</a>	<a href="#">Services...</a>

The budgets associated with this provider are displayed. The three left columns show the SRW, Reimbursement, and Consumer Contributions/Program Income details associated with these line items.

Provider Budgets						
Provider :		SENIOR RESOURCES OF GUILFORD(G055)				
Region	County	Service	↓	↓	↓	
PIEDMONT TRIAD COG	Guilford	HOME DELIVERED MEALS(020)	<a href="#">SRWs</a>		<a href="#">Contributions</a>	
PIEDMONT TRIAD COG	Guilford	CG-RESPITE(840)	<a href="#">SRWs</a>	<a href="#">Reimbursements</a>	<a href="#">Contributions</a>	
PIEDMONT TRIAD COG	Guilford	LEGAL SERVICES(130)	<a href="#">SRWs</a>		<a href="#">Contributions</a>	
PIEDMONT TRIAD COG	Guilford	CG-ASSISTANCE WITH ACCESS(820)	<a href="#">SRWs</a>	<a href="#">Reimbursements</a>	<a href="#">Contributions</a>	
PIEDMONT TRIAD COG	Guilford	SENIOR CENTER OPERATION(170)		<a href="#">Reimbursements</a>	<a href="#">Contributions</a>	
PIEDMONT TRIAD COG	Guilford	HOME DELIVERED MEALS-NSIP(021)	<a href="#">SRWs</a>		<a href="#">Contributions</a>	
PIEDMONT TRIAD COG	Guilford	CG-COUNSELING, TRAINING, SUPPORT(830)	<a href="#">SRWs</a>	<a href="#">Reimbursements</a>	<a href="#">Contributions</a>	
PIEDMONT TRIAD COG	Guilford	CONGREGATE NUTRITION(180)	<a href="#">SRWs</a>		<a href="#">Contributions</a>	
PIEDMONT TRIAD COG	Guilford	CG-INFORMATION(810)	<a href="#">SRWs</a>	<a href="#">Reimbursements</a>	<a href="#">Contributions</a>	
PIEDMONT TRIAD COG	Guilford	INFORMATION AND ASSISTANCE(040)	<a href="#">SRWs</a>	<a href="#">Reimbursements</a>	<a href="#">Contributions</a>	
<a href="#">Cancel</a>		<a href="#">Providers</a>				

Figure 38 – Provider Services List

SRWs	Site/Route/Worker Code is to gather information concerning the points of service delivery for all service providers. The information provides for the sorting and grouping of clients for a like service.
Reimbursements	Report on a monthly basis, line item expenditures for services which are non-unit based.
Contributions	Report consumer contributions/program income collected by service for the month being reported



### 3.15 View / Edit Provider Budget SRWs

Click on the **SRWs** link to view Site/Route/Workers details. All the Site/Route/Workers associated with this Provider will appear.

Provider: ALAMANCE COUNTY TRANSPORTATION AUTHORITY(G004)			
Region: PIEDMONT TRIAD COG			
County: Alamance			
Service: TRANSPORTATION			
SRWCode	Description	Details	Service Totals
100	TRANSIT BUS	<a href="#">Details</a>	<a href="#">Service Totals</a>
401	GENERAL TRANSP	<a href="#">Details</a>	<a href="#">Service Totals</a>
455	RALEIGH EAST SIDE	<a href="#">Details</a>	<a href="#">Service Totals</a>
501	SHAW TOWN COMMUNITY	<a href="#">Details</a>	<a href="#">Service Totals</a>
555	BURLINGTON PLACE	<a href="#">Details</a>	<a href="#">Service Totals</a>
Add Provider Site/Route/Worker		Provider Budgets	Cancel

Figure 39 – Site/Route/Workers Details

Click on **Provider Budgets** OR **Cancel** to return to the previous screen.

Click on the **Add Provider Site/Route/Worker** button to add a new SRW.

This information is pulled from the Provider Budgets

**Add Provider Site/Route/Worker**

Provider Code : G004  
Agency Name : ALAMANCE COUNTY TRANSPORTATION AUTHORITY  
Region : PIEDMONT TRIAD COG  
County : Alamance  
Service : TRANSPORTATION(250)

Site/Route/Worker Code :   
Description :

Add Cancel

Enter a 3-digit number and a description  
Click Add to save new SRW.

Figure 40 – Add Site/Route/Worker

Users may add the information in the two editable fields and click **Add** to save or **Cancel** to return to the previous screen.

The Site/Route/Worker Code field cannot be left blank. If the exact same Site/Route/Worker Code already exists for the service and county, an error message will display.

Click on [Details](#) to make changes to the Provider Site/Route/Worker Information.

Provider: ALAMANCE COUNTY TRANSPORTATION AUTHORITY(G004)  
Region: PIEDMONT TRIAD COG  
County: Alamance  
Service: TRANSPORTATION

SRWCode	Description		
100	TRANSIT BUS	<a href="#">Details</a>	<a href="#">Service Totals</a>
401	GENERAL TRANSP	<a href="#">Details</a>	<a href="#">Service Totals</a>
455	RALEIGH EAST SIDE	<a href="#">Details</a>	<a href="#">Service Totals</a>
501	SHAW TOWN COMMUNITY	<a href="#">Details</a>	<a href="#">Service Totals</a>
555	BURLINGTON PLACE	<a href="#">Details</a>	<a href="#">Service Totals</a>

Add Provider Site/Route/Worker
Provider Budgets
Cancel

Click **Details** to view or add new clients to the Site/Router/Worker Information.  
  
Click **Service Totals** to add or update monthly Service Total records for

Figure 41 - Site/Route/Worker Information

### Provider Site/Route/Worker Information

Provider Code : G004  
Agency Name : ALAMANCE COUNTY TRANSPORTATION AUTHORITY  
Region : G  
County : Alamance  
Service : TRANSPORTATION(250)  
Site/Route/Worker Code : 455  
Description :

CreateUser: Arms.Provider  
CreateTime: 3/9/2007 2:51:08 PM  
ModifyUser: Arms.Provider  
ModifyTime: 5/30/2007 3:45:01 PM  
Clients :

Edit Description

SSN4	Name	Sex	Date Of Birth	Client Status		
2445	BAITY RUTH	F	2/17/1916	A	<a href="#">[Remove]</a>	<a href="#">Details</a>
2233	CHANDLER GAYLE	F	5/6/1936	A	<a href="#">[Remove]</a>	<a href="#">Details</a>
2423	GANT MARY	F	10/21/1919	A	<a href="#">[Remove]</a>	<a href="#">Details</a>
4823	GODFREY SARAH	F	1/12/1934	A	<a href="#">[Remove]</a>	<a href="#">Details</a>
1111	HARRELL BOB	M	7/1/1940	A	<a href="#">[Remove]</a>	<a href="#">Details</a>

[\[Add\]](#)

Update
Cancel

Users can only add clients that the provider has assigned to receive this service.

Figure 42 – S/R/W Additional Details

The **Remove** feature will only allow the user to remove a client from the SRW that do not have any units on the service total record.

To view Service Totals for a client, click **Details**. The service total record displays for the client.

Provider Site/Route/Worker Service Totals																
Provider: FRIENDSHIP ADULT DAY SERVICES(G002)										Region - County : G - Alamance						
Service : ADULT DAY CARE(030) [ Maximum monthly units: 0 ]										Site/Route/Worker : 100 - ADULT DAY CARE						
SSN4	Name	Status	Date Of Birth	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
1111	BEAM JOHN	A	12/23/1933	20	23											43
				20	23	0	0	0	0	0	0	0	0	0	0	43
<input type="button" value="Verify"/> <input type="button" value="Update"/> <input type="button" value="Provider Budgets"/> <input type="button" value="Cancel"/>																

Figure 43—Service Details (from Site/Route/Worker)

Enter the total monthly units by month. Users may modify the figures in any month. Click one of the four buttons...

- **Verify** - Recalculate the Totals.
- **Update** - Save the changes and return to previous screen
- **Provider Budgets** to return to the Provider Budgets screen without saving
- **Cancel** to return to the previous screen without saving

The user can click on **Service Totals** to go directly to the Service Totals Report screen.

SRWCode	Description		
100	TRANSIT BUS	<a href="#">Details</a>	<a href="#">Service Totals</a>
401	GENERAL TRANSP	<a href="#">Details</a>	<a href="#">Service Totals</a>
455	RALEIGH EAST SIDE	<a href="#">Details</a>	<a href="#">Service Totals</a>
501	SHAW TOWN COMMUNITY	<a href="#">Details</a>	<a href="#">Service Totals</a>
555	BURLINGTON PLACE	<a href="#">Details</a>	<a href="#">Service Totals</a>

In this example, the client status = D and is highlighted in red to indicate the client is death. This system will not allow additional units to be added for the month after the death date has been saved in ARMS. When keying units, the cursor will skip clients that have a status of D or I (Inactive).

Provider Site/Route/Worker Service Totals																
Provider: ALAMANCE COUNTY TRANSPORTATION AUTHORITY(G004)										Region - County : G - Alamance						
Service : TRANSPORTATION(250) [ Maximum monthly units: 250 ]										Site/Route/Worker : 455 - RALEIGH EAST SIDE						
SSN4	Name	Status	Date Of Birth	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2445	BAITY RUTH	D	3/17/1916													0
2233	CHANDLER GAYLE	A	5/6/1936													0
2423	GANT MARY	A	10/21/1919													0
4823	GODFREY SARAH	A	1/12/1934													0
1111	HARRELL BOB	R	7/1/1940													0
				0	0	0	0	0	0	0	0	0	0	0	0	0
<input type="button" value="Verify"/> <input type="button" value="Update"/> <input type="button" value="Provider Budgets"/> <input type="button" value="Cancel"/>																

**A** = Active Client – client record updated in the new ARMS system

**D** = Death

**R** = Clients that migrated and record not updated in the new ARMS system.

Figure 44 - Service Totals Data Entry Screen



## View / Edit Provider Budget Reimbursements

Click the [Reimbursements](#) link to view the following:

Provider Non-Unit Reimbursements					
Region :	PIEDMONT TRIAD COG		County :	Alamance	
Provider:	ALAMANCE ELDERCARE, INC(G003)		Service:	CARE MANAGEMENT(610)	
Report Month	Admin Direct Cost	Admin Indirect Cost	Program Cost	Total Non Unit Reimbursement	
Jul	\$2,182.00	\$0.00	\$2,680.00	\$4,862.00	<a href="#">Detail</a>
Aug	\$2,182.00	\$0.00	\$5,352.00	\$7,534.00	<a href="#">Detail</a>
<div>Cancel    Add Non Unit Reimbursement    Provider Budgets</div>					

**Figure 45 – View / Edit Provider Budget Reimbursements**

Click **Add Non Unit Reimbursement** to view this screen:

Provider Non-Unit Reimbursements	
Region :	PIEDMONT TRIAD COG
County :	Alamance
Provider:	ALAMANCE ELDERCARE, INC(G003)
Service :	CARE MANAGEMENT(610)
Report Month :	Sep ▼
Administrative Direct Cost:	\$ <input type="text"/>
Administrative Indirect Cost:	\$ <input type="text"/>
Program Cost:	\$ <input type="text"/>
<div>Cancel    Add</div>	

**Figure 46 – Add Non-Unity Reimbursement**

Choose the correct month from the drop-down and complete the empty fields. Click **Add** to save the information or **Cancel** to exit without saving.

To view the existing non-unit reimbursement information for any month, click the appropriate [Detail](#) link:

Provider Non-Unit Reimbursements	
Region :	PIEDMONT TRIAD COG
County :	Alamance
Provider:	ALAMANCE ELDERCARE, INC(G003)
Service :	CARE MANAGEMENT(610)
Report Month :	Jul
Administrative Direct Cost:	\$2182
Administrative Indirect Cost:	\$0
Program Cost:	\$2680
Created User:	Ramana.Reddy
Created Time:	9/19/2006 11:17:25 PM
Last Updated User:	Ramana.Reddy
Last Updated Time:	9/19/2006 11:17:25 PM
<input type="button" value="Cancel"/> <input type="button" value="Update"/>	

**Figure 47 -- View / Modify Non Detail**

Enter figures *ONLY* into the “Administrative Direct Cost” and “Administrative Direct Cost” fields. The number in “Program Cost” field is the *total* of the two, and is calculated by the system.

**NOTE:** Only whole numbers can be entered in the monetary fields. Entering a decimal will result in an error message.

When complete, click **Update** to save or click **Cancel** to return to the previous screen.

### **3.15.1 View / Edit Provider Budget Contributions**

From the budget list, click **Contributions** to view the following information:

Provider Consumer Contribution/Program Income			
Region :	PIEDMONT TRIAD COG	County :	Alamance
Provider:	HEMOCARE PROVIDERS(G009)	Service:	IN-HOME LEVEL 2 - PERSONAL CARE
<input type="button" value="Add Consumer Contribution"/>		<input type="button" value="Provider Budgets"/>	

**Figure 48 – Provider Cost Sharing Contributions / Program Income**

Click the **Add Consumer Contribution** button to view:

Provider Consumer Contribution/Program Income	
Region :	PIEDMONT TRIAD COG
County :	Alamance
Provider:	HEMOCARE PROVIDERS(G009)
Service :	IN-HOME LEVEL 2 - PERSONAL CARE(042)
Report Month :	Jul ▼
Monthly Gross Consumer Contribution/Program Income Collected: \$	<input type="text"/>
Monthly Amount Deducted to Cover Allowable Cost: \$	<input type="text"/>
<input type="button" value="Cancel"/>	<input type="button" value="Add"/>

**Figure 49 – Add Provider Contribution Item / Program Income**

Make any required changes, then click **Add** to save or **Cancel** to return to the previous screen without saving.

Click **Provider Budgets** to return to the budget list.



## 4 Reports

Many reports are available for Provider users. To see the list, click **Reports** on the navigation bar. The list appears:



Figure 50 – Provider Reports Categories

Click on any of the named categories to view all the reports in that heading. For example, click on **Reimbursement Reports** to view list of available reimbursement reports.:

### **Reimbursement Reports**

Name	Description
<a href="#">ZGA370</a>	Provider Reimbursement
<a href="#">ZGA370-A</a>	Provider Summary
<a href="#">ZGA370-A-YTD</a>	Year-to-Date Provider Summary
<a href="#">ZGA370-YTD</a>	Year-to-Date Provider Reimbursement
<a href="#">ZGA370-CNTY</a>	Provider Reimbursement Sorted by County
<a href="#">ZGA370-CNTY-YTD</a>	Year-to-Date Provider Reimbursement Sorted by County
<a href="#">ZGA370-A-CNTY</a>	Provider Summary Sorted by County
<a href="#">ZGA370-A-CNTY-YTD</a>	Year-to-Date Provider Summary Sorted by County
<a href="#">ZGA370-5</a>	Legal Summary Report
<a href="#">ZGA370-6</a>	Senior Center Outreach Summary Report
<a href="#">ZGA370-7</a>	Provider Reimbursement Report - IIID/Health Promotion 90%
<a href="#">ZGA370-10</a>	Provider Reimbursement Report - IIID/Health Promotion 85%
<a href="#">ZGA370-11</a>	State Senior Center General Purpose Funding Report
<a href="#">ZGA370-12</a>	Family Caregiver Support Summary Report
<a href="#">ZGA380-A</a>	Regional Summary Report by Category
<a href="#">ZGA380-B</a>	Regional Summary All Categories
<a href="#">ZGA390</a>	Area Agency Summary
<a href="#">ZGA390-A</a>	State Summary

**Figure 51 – Provider Reimbursement Reports**

The name of each report (left column) is a hyperlink which opens the report-builder screen.

**NOTE:** Each report differs slightly in the parameters a Provider user may select. What follows is a typical example, after which parameter selection will be self evident.

For example, clicking on the first named report ([ZGA370](#) | [Provider Reimbursement](#)) opens the parameter selection process:

**Reimbursement Reports**

Name	Description
<u>ZGA370</u>	Provider Reimbursement
<u>ZGA370-A</u>	Provider Summary
<u>ZGA370-A-YTD</u>	Year-to-Date Provider Summary

Click on the report **name** to view the following parameter selection screen

Each user will have unique report parameters from which to choose. In this example, this user can select report month and county.

**Report - ZGA370**  
Provider Reimbursement

Report Month: March - 2007

Region: G

County: All

Provider: All

Generate Report

NON Selectable Fields

**Report - ZGA370**  
Provider Reimbursement

Report Month: March - 2007

Region: February - 2007

County: September - 2006

Provider: All

Generate Report

This report requires that the user select the **Report Month** and **County** using the drop-down selection method

Click **Generate Report** to create the report

**Report - ZGA370**  
Provider Reimbursement

Report Month: March - 2007

Region: G

County: All

Provider: Alamance

Generate Report

**NOTE:** Reports may take a few seconds to a few minutes to generate.

Figure 52 - Typical Report Parameter Selecti

**Clicking any of the Report Category Links will display a list of available reports**

**Financial Reports**

Name	Description
<a href="#">ZGA060</a>	Financial Report (AAA)
<a href="#">ZGA517</a>	Service Reimbursement Report
<a href="#">ZGA545</a>	Invoice for MIS Services

**Client/Waiting Lists**

Name	Description
<a href="#">ZGA600</a>	Clients Waiting for Service Grouped by Service
<a href="#">ZGA625</a>	Clients Waiting for Service Grouped by Provider

**Other Reports**

Name	Description
<a href="#">ZGA903</a>	Units of Service Report (Turnaround Document)
<a href="#">YTD Export</a>	Year to Date Data NOTE: This report is for Exporting to Excel Only

Figure 53 – Report Category Links

Refer to ARMS Reimbursement Manual for information on reports.

Sample ZGA-370 Report

**The RUN DATE is the actual date DAAS processed the monthly reimbursement**

**Report month**

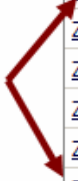
**Date report was generated by the user**

**The way Reimbursement Reports are compiled and/or calculated have not changed**

SERV CODE	GROSS BUDGETED SERVICE COST	PROGRAM GROSS HCCBG ALLOTMENT	CURRENT UNITS	GROSS UNIT RATE	CURRENT MONTH EXP	CURRENT MONTH CS/PI	OTHER ADJ	ADD CURRENT MONTH EXPEND	CURRENT MONTH LOCAL SHARE	NET CURRENT MONTH EXPEND	NSIP CURRENT MONTH REIMB
030	88,237	66,178	0	32.8997	0	0	0	0	0	0	0
CATEGORY IN HOME AND SUPPORT SERVICES TOTAL											
	88,237	66,178	0		0	0	0	0	0	0	0
PROVIDER G002 FRIENDSHIP ADULT DAY SERVICES TOTAL											
	88,237	66,178	0		0	0	0	0	0	0	0

Figure 54 – Sample Report

**Click on the link  
Name of the report**



**Demographic Reports**

Name	Description
<a href="#">ZGA204-1</a>	Cumulative Unduplicated Persons Served by Region and Provider
<a href="#">ZGA204-2</a>	Cumulative Unduplicated Persons Served by Region and County
<a href="#">ZGA204-3</a>	Cumulative Unduplicated Persons Served by Region
<a href="#">ZGA541-1</a>	Client Demographic Information by State
<a href="#">ZGA541-2</a>	Client Demographic Information by Region
<a href="#">ZGA541-3</a>	Client Demographic Information by County
<a href="#">ZGA541-4</a>	Client Demographic Information by Provider

**The report functions are the same  
for all selected report, except  
Financial Report – ZGA060**

**As a Region user you can select the  
year and specify a county if you do  
not want to print the whole report  
for the region**

Fiscal Year:

Region:

County:

Provider:

**Financial Reports**








Name	Description
<a href="#">ZGA060</a>	Financial Report (AAA)
<a href="#">ZGA517</a>	Service Reimbursement Report
<a href="#">ZGA545</a>	Invoice for MIS Services

**Figure 55 – Report Criteria**

Reports are available by User Role. For example, a Region User has access to Financial Reports that a Provider User will not.

## 4.1 Additional Report Functionality

A Report Navigation panel appears in the upper left screen of all generated reports. The following table describes the functionality associated with each icon in this bar.

ICON	FUNCTION	DESCRIPTION
	<b>Export</b>	Save the report to a different file format (TXT, CSV, etc) for use by an external application. <sup>1</sup>
	<b>Print</b>	Prints the report to a user-selectable printer
	<b>Tree View</b>	Expands/Collapses reports into logical section ( <b>NOTE:</b> Not available for all reports)
	<b>First Page</b>	Navigates to the first page of the report
	<b>Previous Page</b>	Navigates to the previous page of the report
	<b>Next Page</b>	Navigates to the next page of the report
	<b>Last Page</b>	Navigates to the last page of the report.

**Table 3 – Report Navigation Panel Options**

---

<sup>1</sup> TXT = Text File, for import into word processor; CSV = Comma-Separated Values, for importing into spreadsheet or database files; PDF = opens with Adobe Acrobat Reader, if installed on the local PC.

**The Tree View allows the user to Expand the view, by Region, County, and/or Provider**

Item in list are **Links**, click to access Region, County or Provider Code

**Tree View:**

- G
  - 001
  - G002
  - G003
  - G004
  - G005
  - G009
  - G010
  - G040
  - G047
  - G060
- 017
- 029
- 041
- 062
- 076
- 079

**Report Header:**

RUN DATE: 04/27/2007  
 MONTH REPORTING: March 2007  
 PRINT DATE: 06/08/2007

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES  
 PROVIDER REIMBURSEMENT REPORT - ZGA370  
 REGION G COUNTY 001 Alamance  
 PROVIDER G002 FRIENDSHIP ADULT DAY SERVICES  
 CATEGORY IN HOME AND SUPPORT SERVICES

SERV CODE	GROSS BUDGETED SERVICE COST	PROGRAM GROSS HCCSG ALLOTMENT	CURRENT UNITS	GROSS UNIT RATE	GROSS CURRENT MONTH EXP	CURRENT MONTH CS/PI	OTHER ADJ	ADJ CURRENT MONTH EXPEND
030	88,237	66,178	0	32.8997	0	0	0	0
CATEGORY IN HOME AND SUPPORT SERVICES TOTAL								
	88,237	66,178	0		0	0	0	0
PROVIDER G002 FRIENDSHIP ADULT DAY SERVICES TOTAL								
	88,237	66,178	0		0	0	0	0

**Figure 56 – Report View**

**Export Dialog Box:**

File Format: Crystal Reports (RPT)

Page Range: ☒ All ☐ Pages:


From: 1 To: 1

Buttons: OK, Cancel

## Figure 57 – Report Options to Print



## 4.2 YTD Export



Name	Description
<a href="#">ZGA701</a>	<a href="#">Aging Service Providers</a>
<a href="#">ZGA702-A</a>	<a href="#">Provider Directory by Service</a>
<a href="#">ZGA702-B</a>	<a href="#">Provider Directory by County</a>
<a href="#">ZGA903</a>	<a href="#">Units of Service Report (Turnaround Document)</a>
<a href="#">YTD Export</a>	<a href="#">Year to Date Data NOTE: This report is for Exporting to Excel Only</a>

**Figure 58 YTD Export**

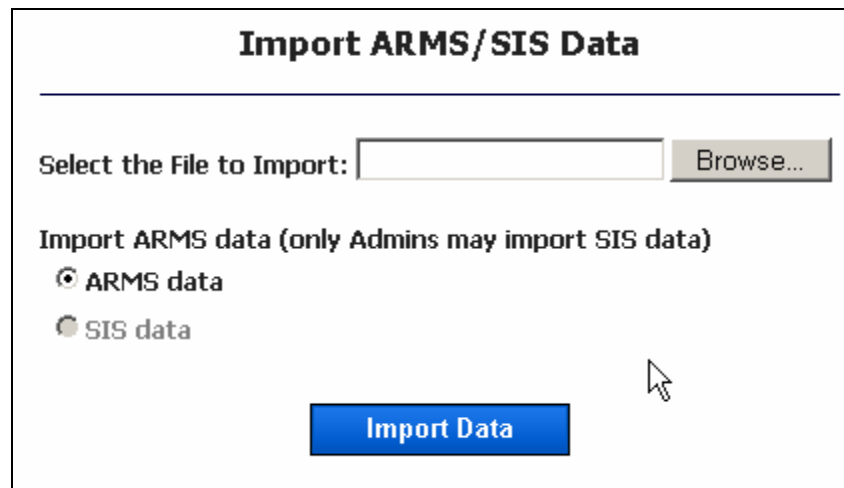
This function allows users to export financial data from the ZGA-370-YTD to an Excel spreadsheet for further manipulations.

## 5 Import ARMS

Click the Import Data link on the Navigation Bar drop-down

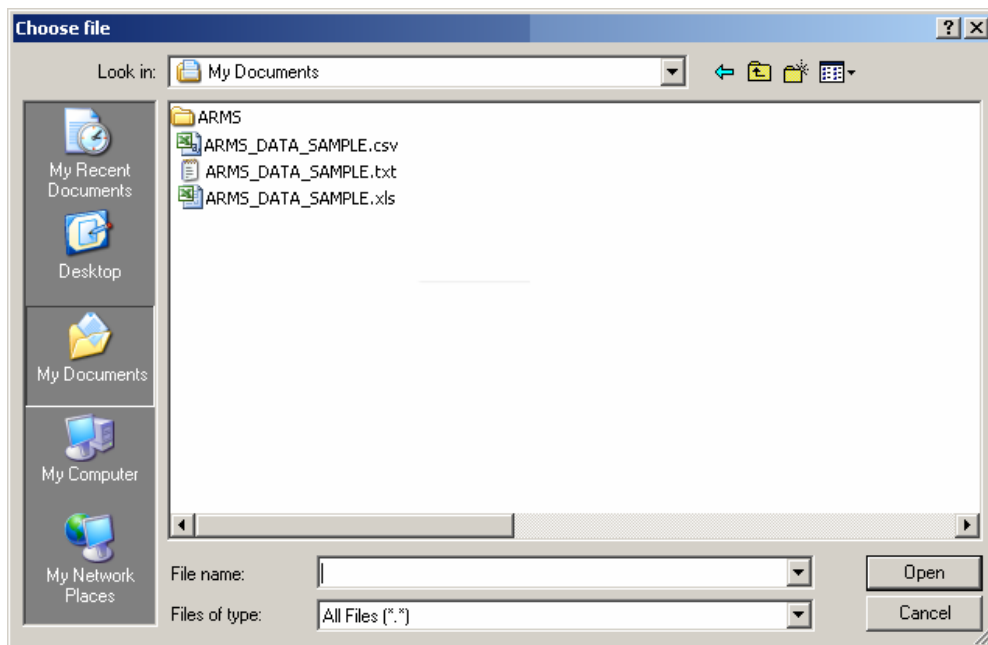


The following screen appears:



**Figure 59 – Import ARMS / SIS Data**

Click on **Browse...** to open the Windows File | Open Dialog:



**Figure 60 Choose File**

Only the following three data file types may be selected for import into ARMS:

1. CSV ("Comma-Separated Values," a common database export/import format)
2. TXT (Text-only files)
3. XLS (Microsoft Excel spreadsheet format)

**NOTE:** Users must be sure that the file chosen contains the correct data

Select the appropriate file and click **Open**. Then click **Import Data** to transfer the data into ARMS.

The user will be prompted that data was successfully added to ARMS or an Error Report will display.

## 5.1 Print Error Report

Users should use their Internet Browser print function to print this report. To get the entire report to print, the user should first change the paper orientation to Landscape using the Page Setup feature of their Internet Browser.

**Note:** Users may want to print the Units of Service Verification Report (ZGA-542) to verify that units were accepted correctly.

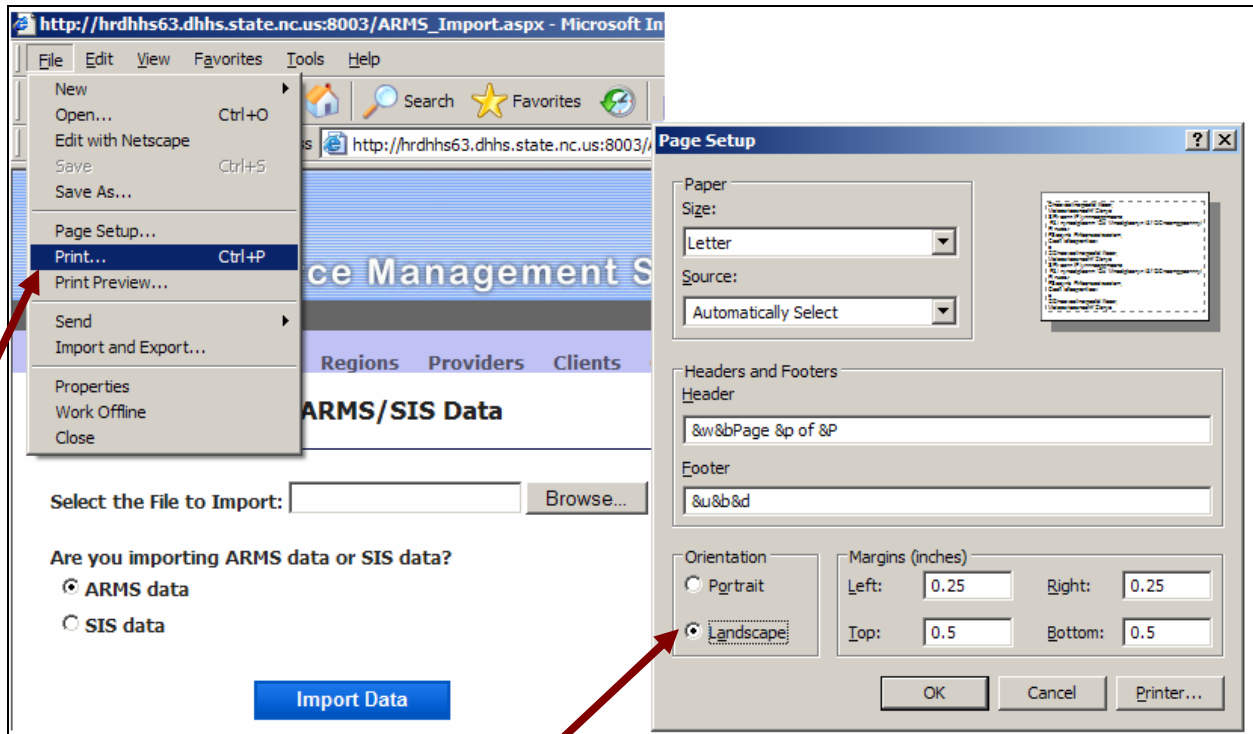


Figure 61 Print Functions